

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	B A	12	84-725-01 5/15
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	41	917	06-20-01
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
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3	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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